

CLAIMS ONLY								Application Number <i>101827380</i>	Filing Date				
								Applicant(s)					
								* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend							
1	I							51					
2	I							52	S				
3	I							53					
4	I							54					
5	I							55					
6	I							56					
7	I							57					
8	I							58					
9	I							59					
10	I							60					
11	I							61					
12	I							62					
13	I							63					
14	I							64					
15	I							65					
16	I							66					
17	I							67					
18	I							68					
19	I							69					
20								70					
21								71					
22								72					
23								73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
Total Indep	2							Total Indep					
Total Depend	10							Total Depend					
Total Claims	12							Total Claims					